Hepatitis C Virus (HCV) Fact Sheet (adapted from materials developed by the Centers for Disease Control and Prevention)	
Report to Iowa Dept. of Public Health	 Acute HCV infection (i.e., newly acquired symptomatic HCV infection) Chronic and past HCV infection (i.e., persistent infection with HCV, characterized by detection of HCV RNA >6 months after newly acquired infection) All available positive serology and nucleic PCR testing results (i.e., EIA with signal-to-cutoff ratio, RIBA, qualitative and quantitative PCR)
Etiology	HCV is a small single-stranded RNA virus in the flavivirus family.
Signs and Symptoms	 60-70% of patients are asymptomatic. Symptoms may include fever, abdominal pain, anorexia, nausea, jaundice, or dark urine. Jaundice occurs in 25% of patients; liver function test results generally are less pronounced than with HBV infection. Acute disease tends to be mild and insidious in onset. Average incubation period is 6-7 weeks (range: 2 weeks to 6 months).
Long-Term Effects	 Chronic infection: 75-85% of patients are asymptomatic. Chronic liver disease: 70% of chronically HCV-infected persons Deaths from chronic liver disease: <3% HCV is the leading indication for liver transplant in the United States.
Transmission	Highest infection rates (60-90%) occur in persons with large or repeated, direct percutaneous exposure to blood or blood products Less than 10% of cases are sexually transmitted. Perinatal transmission occurs in 5% of births.
Communicability	All persons with HCV antibody or HCV-RNA in their blood are considered infectious.
Risk Groups	 High Risk: injection drug users recipients of clotting factors made before 1987 Intermediate Risk: hemodialysis patients recipients of blood and/or solid organs donated before 1992 persons with undiagnosed liver problems infants born to HCV-infected mothers
	Low Risk: health care/public safety workers persons who have sex with multiple partners persons who have sex with an HCV-infected steady partner
Prevention	 Persons who use or inject illegal drugs should be advised to: stop using and injecting drugs; enter and complete substance abuse treatment, including relapse prevention programs; if continuing to inject drugs to:

Hepatitis C Virus (HCV) Fact Sheet (cont.)	
Testing	 Testing is recommended for all high- and intermediate-risk persons. Testing is recommended for low-risk persons only after known exposure. Testing is recommended after 12-18 months of age- for infants born to HCV-infected mothers. See testing algorithm below.
Medical Management	 Evaluate patient for liver disease. Interferon, pegylated interferon, and rabivirin are drugs licensed for treatment of persons with chronic HCV infection. Given alone, interferon yields a sustained response in 15%-25% of patients; combination therapy results in a sustained response in 40% of patients. Evaluate patient for HAV and HBV immunization status; vaccinate if indicated. Advise against alcohol consumption and, if necessary, provide counseling for alcohol abuse.
Post-exposure Management	 Follow-up of occupational HCV exposures: perform anti-HCV testing of source patient. for the person exposed to an HCV-positive source:
	 Immune globulin and antiviral agents are not recommended after exposure to HCV-positive blood. No guidelines exist for administration of antiviral therapy during HCV infection; however, limited data indicate that antiviral therapy may be beneficial if started early in HCV infection. When HCV infection is identified early, refer patient to a specialist for medical management. Institutions should establish policies and procedures for HCV testing after percutaneous or mucosal exposures to blood and ensure that staff are familiar with them. Clinicians who care for persons with occupational exposure to HCV should be familiar with the risk for HCV infection and recommendations for post-exposure counseling, testing, and follow-up.
Trends & Statistics	 The number of new infections per year in the U.S. declined from an average of 240,000 in the 1980's to about 25,000 in 2001. Most infections are due to illegal injection drug use. Transfusion-associated cases occurred prior to routine HCV screening of blood donors and now occurs at a rate of less than one case per million units of transfused blood. 3.9 million (1.8%) persons in the U.S. are HCV-infected including 2.7 million chronic infections.

